(Read the Privacy Act Statement on DIVISION OR			OR ESTABLISHME FFICE	NT, BUREAU		2. TYPE OF TRAV TEMPORARY		3. VOUCHER NO.		
the ba	ck)					PERMANENT OF STATION		4. SCHEDULE NO.		
5.	a. NAME (Last, first, middle initial)						RITY NO.	6. PERIOD OF TRAVEL		
T R						a. FROM	b. TO			
A V E	c. MAILING ADDRESS (Include ZIP C	Code)		d. OFFICE TELEP	HONE NO.	7.TRAVEL AUTHORIZATION				
L E R							a. NUMBER(S)	b. DATE(S)		
K	e. PRESENT DUTY STATION			f. RESIDENCE (C	City and State)			<u> </u>		
8. TR/	AVEL ADVANCE			9. CASH PAYME	NT RECEIPT		10. CHECK NO. 11. PAID BY			
	standing	a. DATE RECEIVE		b. AMOUNT RECE	IVED					
b. Amo	ount to be applied									
c. Amount due Government				c. PAYEE'S SIGN	ATURE					
d. Bala	nce outstanding									
12.	GOVERNMENT TRANSPOR- TATION REQUESTS, OR TRANSPORTATION TICKETS,	I hereby assign to the transportation charge		e	Traveler's Initials					
	IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used, show claim on reverse side.)	AGENT'S	ISSUING CARRIER	MODE, CLASS OF	DATE		POINTS	OF TRAVEL		
		is used, show claim on OF TICKET (Init		SERVICE & ACCOMM- ODATIONS		F	ROM	то		
		(a)	(b)	(c)	(d)		(e)		(f)	
BFY	FUND	BUDG ORG		COST ORG		BOC	/SUB	PROG	AMOUNT	
		LESS GTR OF						NET TO PAYEE		
13.	I certify that this voucher is true and cor					ived by me. When				
	applicable, per diem claimed is based	on the average cost of l	odging incurred duri	ng the period covered	d by this voucher.	DATE		AMOUNT		
TRAV	ELER HERE			DATE		AMOUNT				
	·· -					CLAIMED				
	: Falsification of an item in an expense at more than 5 years or both (18 USC 287;		of claim (28 USC 2	514) and may result in	n a fine of not more that	n \$10,000 or imprisonn	nent			
							17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
	official must have been authorized in w (31 USC 680a).)	riting by the head of the	department or agen	cy to so certify		a. DIFFER-				
						ENCES, IF ANY				
	OVING	DATE		(Explain						
SIGN	IAL HERE	J2		and show amount)						
15. LA	ST PRECEDING VOUCHER PAID UN			b. TOTAL VERIFIE						
a. VOI	JCHER NO.		c. MONTH & YEAR	CHARGE TO A Certifier's initial						
	IIS VOUCHER IS CERTIFIED CORRE ORIZED	CT AND PROPER FO	R PAYMENT			c. APPLIED TO TF (Appropriation s				
				DATE	d.	1				
18. A	CCOUNTING CLASSIFICATION				<u> </u>	<u> </u>			<u> </u>	

SCHEDULE OF		INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)										Complete this information if this is a	PAGE 2
		Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)	Complete (d) thru (g) Show amount incurred for each meal, including tax & tips, & daily total meal cost. (h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). (i) Complete or per diem and actual expense travel. Show total subsistence expense incurred for actual expense travel.								ner than for meals).	continuation sheet.	OF 2 PAGES
			travel Show per diem amount, limited to maximum rate, or if travel on actual expense, show th maximum rate. Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or Government business car rental, relocation other than subsistence, etc.								TRAVEL AUTHORIZATION NO.		
											TRAVELER'S NAME		
		DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE:		AMOUNT CLAIMED		
DATE	TIME (Hour		MEALS				MISCELLA- NEOUS						
	and am/pm)	(Departure/arrival city, per diem computation, or other explanations of expense)	BREAK- FAST	LUNCH	DINNER	TOTAL	SUBSIS- TENCE	LODGING	TOTAL S- UBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(1)	(m)	(n)
SUBTOTALS If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.									SUBTOTALS				
TOTALS													
In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 USC Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 USC 6011(b) and 6109. The primary purpose of the requested information is provided: Solicitation of the a security clearance, or investigations of the performance of official duty while in Government Service. Your Social Security Account Number (SSN) is solicited Entergrand to under the authority of the Internal Revenue Code (26 USC 6011(b) and 6109) in Item 13 on the standard of the internal Revenue Code (26 USC 6011(b) and 6109) in Item 13 on the standard of the requested information and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee expenses incurred under appropriate administrative authorization and to record and maintain costs of and/or relocation allowance expense reimbursement which is, or may be, taxable								Enter grand total of col in Item 13 on the front of	if columns (I), (m), and (n), below and ront of this form.				
such reimburser have a need disclosed to a regulatory inves	ments to the C for the informat ppropriate Feder tigations or pro	Sovernment. The information will be used by offic- tion in the performance of their official duties.	ers and em The informati t to civil,	d employees who income. Disclosure of your SSN and other requested information is voluntary information may be in all other instances; however, failure to provide the information (other than civil, criminal, or SSN) required to support the claim may result in delay or loss of reimbursement.									

GPO: 1984 O - 421-526 (81)
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